FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

3060-0076
Est. time per response:

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

				L.														
SECTION 1 - General Informat	ion																	
 Name and Mailing Address of 	f Res	spondent																
Slic Network Solutions, Inc.													Check here if this					
PO Box 150 Nicholville, NY 12965												is a change of address.						
TO BOX 150 THE		· 1110, 1 ·	1 12,00															
Year Report Filed Reporting Period (Ending Date of Pay									Number of Full-Time Employees during Selected									
Perio			Period Cov	vered by Repo				Reporting	Period (check wer than 16 (c									
2019			03/24/	/2019				b. 🔽 16	or more (com									
SECTION II - Full-Time Employ	yees																	
		Number of Employees (Percet employees in only one category)																
	-	(Report employees in only one category) Race/Ethnicity																
Job	-																	
Categories		Hispa		Not-Hispanic or Latino														
		Latino				Ma	le					Fem		Columns A - N				
	t	Male	Female	White	Black or	Native	Asian	American	Two or more	White	Black or	Native	Asian	American	Two or more			
		IVIGIO	, omaio		African	Hawaiian or		Indian or	races		African American	Hawaiian or Other		Indian or Alaska	races			
					American	Other Pacific		Alaska Native			American	Pacific		Native				
						Islander						Islander						
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1			3												3		
First/Mid-Level Officials and Managers	1.2			1						3						4		
Professionals	2			5						1						6		
Technicians	3															0		
Sales Workers	4			1						1						2		
Administrative Support Workers	5			2						6						8		
Craft Workers	6			11												11		
Operatives	7															0		
Laborers and Helpers	8															0		
Service Workers	9															0		
TOTAL	10	0	0	23	0	0	0	0	0	11	0	0	0	0	0	34		
PREVIOUS YEAR TOTAL	11															0		

FCC 395

SECTION III - Part-Time Employe	es.														
	Number of Employees (Report employees in only one category)														
Job	Race/Ethnicity														
Categories	Hispanic or Latino		Not-Hispanic or Latino												
			Male Female												Total Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	А	В	С	D	E	F	G	н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers															0
First/Mid-Level Officials and Managers 1.2															0
Professionals 2			1						1						2
Technicians 3															0
Sales Workers 4															0
Administrative Support Workers 5			1												1
Craft Workers 6	5														0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
PREVIOUS YEAR TOTAL 11															0
SECTION IV - Report of Discrimi	nation Comp	laints Pursu	ant to 47 CFF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.								
This is to advise the C company before any b									ritorial, or loca	al statutes ha	ve been filed	against this			
This is to advise the C (Attach a list indicating															
SECTION V - Certification I certify that to the best of my know	dedge inform	ation and hel	ief all statem	ents in this re	anort are true a	and correct									
	ed or Printed				port are true t	Signature	in		\bigcap			Telephone I	No.		
5.30.2019	Lath	enne	Blei	ins			ther	inel	156	inn	ک	315	328	9621	F) (00 t T) 0
Title of Person Signing	at Sec	retain			FALSE STAT ATION LICEN									1) AND/OR R	EVOCATIO
COSISIU II WIPII		12 may													FCC 39